

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

## UNITED STATES DISTRICT COURT

for the  
District of NEVADA

Division

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**2:20-cv-01043-APG-VCF**

REV. DR. STEVE JOEL MOFFETT, SR.

*Plaintiff(s)*

*(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

-v-

VA SOUTHERN NEVADA HEALTHCARE  
SYSTEM, SEVEN HILLS HOSPITAL,  
CULPEPPER AND ASSOCIATES SECURITY  
SERVICES, JOHN SPIVEY, DR. BLONDEL, M.D.  
DOES 1-100

*Defendant(s)*

*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)*

Jury Trial: (check one) ☐ Yes ☐ No

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	REV DR. STEVE JOEL MOFFETT, SR.		
Address	8545 W. WARM SPRINGS RD. STE. A-4 #335		
	LAS VEGAS	NEVADA	89113
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	CLARK		
Telephone Number	702-882-6175		
E-Mail Address	MOFFETT.STEVE7@GMAIL.COM		

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name	VA SOUTHERN NEVADA HEALTH CARE SYSTEM		
Job or Title <i>(if known)</i>	6900 N. PECOS DR.		
Address			
	NORTH LAS VEGAS	NV	89086
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	CLARK		
Telephone Number	1-800-791-9000		
E-Mail Address <i>(if known)</i>			
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

**Defendant No. 2**

Name	SEVEN HILLS HOSPITAL		
Job or Title <i>(if known)</i>	3021 W. HORIZON RIDGE PKWY		
Address			
	HENDERSON	NV	89052
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	CLARK		
Telephone Number	(702) 947-2650		

E-Mail Address (if known)

☐ Individual capacity☒ Official capacity

## Defendant No. 3

Name

CULPEPPER AND ASSOCIATIES SECURITY SERVICES

Job or Title (if known)

1810 WATER PLACE

Address

STE. 1801

ATLANTA

GA

30339

City

State

Zip Code

County

FULTON

Telephone Number

770.916.0060

E-Mail Address (if known)

☐ Individual capacity☒ Official capacity

## Defendant No. 4

Name

JOHN SPIVEY

Job or Title (if known)

SECURITY / POLICE OFFICER

Address

1810 WATER PLACE STE. 180

ATLANTA

GA

30339

City

State

Zip Code

County

FULTON

Telephone Number

770.916.0060

E-Mail Address (if known)

☒ Individual capacity☐ Official capacity

560 ATTORNEY DEF #5

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☒ Federal officials (a *Bivens* claim)

☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

YES

DEFENDANT #5

**DENFENDANT LIST CONTINUED:**

**DR. BLONDEL, M.D.**

**6900 N. PECOS ROAD**

**LAS VEGAS, NEVADA**

**PHONE 1-702-791-9000**

**CLARK COUNTY**

**INDIVIDUAL CAPACITY**

- C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

U.S. CONSTITUTIONS following Ammendments 1st, 4th, 5th, 9th, 10th, and 14th Section I and American with Disabilities Acts 1,2,3

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

All Defendants in Concert and without Exception induce the behaviors that they punish the Plaintiff for. 42 Years of Misdiagnosis, Maltreatment, Physical Abuse, Psychological Abuse, Finanacial Abuse and Punishment of the Plaintiff when he can not comply with behavioral norms. Unreasonably Search and Sieze the Plaintiff and Interfearance with the Plaintiffs realationships Freedoms, Chattels and Real Property. Confining Plaintiff for behaviors they induce and aggravation of Plaintiff to induce behaviors that the themselves control and punish. Intentional Infliction of Emotional Distress of Plaintiff for 42 years. False Imprisonment of Plaintiff due to their Malpractice and Social Profiling of Plaintiff with Anti -Afro American and Anti-Black Sentiments. THE GEORGE FLOYD SYNDROME

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

Plaintiff has been misdiagnosed and systematical improsoned, hospitilized and racially profiled for over 42 years. Plaintiff was deprived of rightful medicine and then punished for not being able to comply with rules made by an enforced by defendants. John P. Spivey attacked Plaintiff under color of authority and SOLD to Seven Hill Hospital for profit and punishment of Plaintiff.

- B. What date and approximate time did the events giving rise to your claim(s) occur?

CONTINUOUS FROM 1979 TO PRESENT, ATTACKED BY JOHN SPIVEY JUNE 13<sup>TH</sup> 2019  
LAST ACT ON OR AROUND MAY 9<sup>TH</sup> - 23rd 2020

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

SECURITY / POLICE OFFICERS HARRASSED, HIT, SLAMMED PLAINTIFF AGAINST THE WALL, HIT PLAINTIFF IN THE NECK, BACK, NOCKED PLAINTIFF TO FLOOR, FELT ON PLAINTIFF GENITALS, PLACE PLAINTIFF HAND ON THEIR GENITALS, LAUGHED AT, JEERED, ASSUALTED, SEXUALLY ASSAULTED PLAINTIFF AND FALSELY IMPRISONED PLAINTIFF. ALSO THEY OPENED EVIDENCE PLAINTIFF MAIL TO US ATTORNEY GENERAL WILLIAM BARR AND THERE IS A CASE NUMBER.

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#### **IV. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

PLAINTIFF WAS INJURED BY JOHN SPIVEY AND REINJURED BACK, NECK, AND RIGHT KNEE AND PHOTO AND MRI AND X-RAYS CONFORM THESE INJURIES. PLAINTIFF HAS SEVERE PAIN CAUSING PAIN M.D. SPECIALIST TO PRESCRIBE OXYCONDIN AND OTHER PAIN KILLERS AND SURGICAL PROCEDURES ARE IMMINENT AS PER SURGEON DR. SWARTZ, M.D. STILL IN TREATMENT INTERRUPTED BY COVOID 19 NATIONAL AND STATE EMERGENCIES.

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#### **V. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

**\$1,505,000 USD COMPENSATION FOR 42 YEARS OF MISDIAGNOSIS AND HARASSMENT.**

## **VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### **A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 06/09/2020

Signature of Plaintiff



Printed Name of Plaintiff

REV. DR. STEVE JOEL MOFFETT, SR. (PRO SE)

### **B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

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**Name of Law Firm**

**Address**

*City*

*State*

*Zip Code*

**Telephone Number**

**E-mail Address**